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TB CARE I

TB CARE I -Afghanistan

**Year 3
Quarterly Report
July-September 2013**

October 31, 2013

Quarterly Overview

Reporting Country	Afghanistan
Lead Partner	MSH
Collaborating Partners	KNCV, WHO
Date Report Sent	
From	
To	
Reporting Period	April-June 2013

Technical Areas	%
1. Universal and Early Access	60%
3. Infection Control	81%
6. Health Systems Strengthening	85%
7. M&E, OR and Surveillance	63%
Overall work plan completion	72%

Most Significant Achievements

Outcome:

During this quarter, collectively 27,000 presumptive TB cases screened for TB in 13 provinces, of them, 2042 (7.6%) smear positive TB cases and 4,400 all form of TB cases notified and put on treatment. Also, urban DOTS and CB-DOTS contributed to case findings remarkably i.e. 363 new sputum smear positive and 922 all forms of TB cases notified (Album).

Output:

During year Jul- Sep 2013, four sessions of community awareness conducted in Kabul city and 1,200 individuals (M=296, F=28) attended. Also, supervisory visits conducted to 9/13 provinces.

Urban DOTS was expanded to one additional public health facilities in Kabul city. Thus, DOTS coverage reached to 75 health facilities/hospitals that makes 67% of all existing HF in Kabul. In total, 363 sputum smear positive and 922 all form of TB cases identified during this quarter. Moreover, four community awareness events conducted and 1200 (Male 550 and female 650) individuals attended.

Community Based DOTS: full package of Community Based DOTS was implemented in six provinces through subcontract with BPHS implementers, and in seven provinces with BRAC to complement the GF CB-DOTS component. These contracts resulted in increased capacity and CHWs performances and sustainable TB service provision at community level. In total, 7,946 suspected TB cases referred by CHWs for diagnosis, of them, 609 (20%) turned to be sputum smear positive and 1,160 TB patients were under DOT from CHWs in six provinces. In summary, it resulted in significant level of performances and either maintained or exceeds the set target for APA3.

In addition, TB CARE I assisted NTP to train frontline health care staff on **standard operation procedure** for case notification and treatment as well as on TBIC assessment tool. In total, 323 (F=28, M=195) health care staffs oriented on TBIC measure implementation in their respective provinces.

Also, five posters for the abstracts, that was accepted by the 44th Union conference, developed and will be presented during the conference in November 2013.














Overall workplan implementation status











TB CARE I Afghanistan team reached approximately 70% of work plan implementation from Apr- Sep 2013.

Technical and administrative challenges





One of our colleagues received threat from the armed opposition to leave the job or face the consequences and the deteriorating security situation in the provinces and black listing of some Afghan airlines made it difficult to monitor/conduct TB CARE I activities as planned.




Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all healthcare providers (supply)	1.2.1	Expand DOTS to urban health facilities	MSH	4.000	 50%	Sep	2013	DOTS expanded to 7 additional urban health facilities in Kabul and currently there are 75 facilities/hospital under DOTS coverage.
	1.2.2	Improve coordination between NTP and various stakeholders	MSH	2.850	 100%	Aug	2013	One Coordination meeting in each quarter conducted and we reached to the annual target of 4 meetings in a year
	1.2.3	Increase healthcare workers capacity	MSH	10.640	 100%	Aug	2013	Two batches of training conducted for health care staff from Kabul urban facilities. In total, 30 (M=28, F=2) staffs trained during Jul - Sep 2013.
	1.2.4	Renovate urban health facilities in Kabul city	MSH	25.000	 75%	Sep	2013	Two health facilities have been renovated during this quarter and five others are planned for next quarter.
	1.2.5	Conduct community awareness meeting	MSH	2.400	 100%	Jul	2013	Four awareness meetings conducted and in total 1200 individuals (Male=550, Female = 650 attended these events.
	1.2.6	Conduct supervisory/monitoring visits to urban health facilities	MSH	3.000	 100%	Sep	2013	31/40 health facilities supervised/monitored during this reporting period.
	1.2.7	Contract CB-DOTS with BPHS implementers and BRAC	MSH	305.093	 50%	Apr	2013	The contracts signed with NGOs for six provinces and with BRAC for seven provinces to complement the GF CBDOTS component.
	1.2.8	Coordination workshop	WHO	2.373	 100%	Sep	2013	One day orientation workshop was conducted to public and private sector in Kabul
	1.2.9	DR-TB training	WHO	4.588	 0%	Nov	2013	Carried over to APA4
	1.2.10	TB pediatric training	WHO	34.420	 50%	Nov	2013	25 staff (female 5 and male 20) from children hospital attended this workshop. Carried over to APA4
	1.2.11	TB scientific seminar	WHO	10.306	 0%	Jan	2014	Carried over to APA4
	1.2.12	TB newsletter	WHO	2.294	 0%	Jan	2014	Carried over to APA4
					 60%			

3. Infection Control			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.1 Increased TB IC political commitment	3.1.1	Integration of TBIC into general IP at health facility level	MSH		 100%	Jul	2013	The TBIC plan integrated and TBIC plan developed in 20 health facilities in 13 provinces and we achieved the TB CARE I target for this activity
	3.1.2	Coordinate the TB infection control committee meetings at national and provincial levels	MSH	10.600	 75%	Sep	2013	During Apr-Jun 13, 240 meetings conducted at health facilities and during APA3 in total 400 meetings conducted that shows a 83% achieves so for.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.2 Scale-up of implementation of TB-IC strategies	3.2.1	Expand TB-IC measure application	MSH		 100%	Sep	2013	The TBIC measures expanded to total of 20 health facility by end Jun 13 and we reached to our target.
	3.2.2	Provide support to NTP for renovation of health facilities for TBIC in 13 provinces	MSH	13.300	 75%	Aug	2013	Twelve health facilities renovated for minor change for TBIC in four provinces and total number reached to 20 renovation out of 29 planned. Carried over to APA4.
	3.2.3	Assist NTP to disseminate TBIC SOP for community level in and TBIC IEC materials in 34 provinces	MSH	4.480	 75%	Sep	2013	The TB IC IEC materials developed and 5,000 pieces will be printed. Carried over to APA4.
	3.2.4	Assist NTP in implementation of HRD strategic plan	KNCV	73.406	 100%	Jun	2013	Completed
	3.2.5	Assist NTP in the implementation of TBIC SOP	KNCV	26.071	 0%	Aug	2013	Cancelled. Funds carried over to APA4.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1	Monitor TB IC implementation	MSH	6.864	 100%	Sep	2013	During this reporting period in total 26/26 visits conducted to monitor TBIC and SOP implementation at health facility level.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.4 Improved TB-IC human resources	3.4.1	Train health facility staff on TBIC assessment tool implementation and gap prioritization table in 13 provinces	MSH	20.120	 100%	Sep	2013	Totally, 323 (M=295, F=28) health care staff such as nurse, doctors and midwives as NGO staff trained on TBIC assessment tools.
					 81%			

6. Health Systems Strengthening					Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget		Month	Year	
6.1 TB control is embedded as a priority within	6.1.1	Facilitate world TB day celebration in 13 USAID provinces	MSH	49.783	<div><div></div></div> 100%	Mar	2013	completed
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery	6.2.1	The staff at various levels received necessary support	MSH	66.660	<div><div></div></div> 75%	Sep	2013	During this quarter, 24 health facilities visited and necessary feedback provided. The activity is continued during APA4.
	6.2.2	Conduct SOP training for newly hired health care staff	MSH	27.120	<div><div></div></div> 100%	May	2013	completed
	6.2.3	To disseminate SOP packages to health facilities	MSH	14.998	<div><div></div></div> 75%	Sep	2013	The package was printed and will be disseminated to all health facilities in the country by end of Nov 2013
	6.2.4	Revise and disseminate TB IEC materials	MSH	36.729	<div><div></div></div> 75%	Nov	2013	The IEC materials developed and will be disseminated to all health facilities by end of Nov 2013
						<div><div></div></div> 85%		

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	To assist the NTP conduct a workshop on the Data Analysis version of TBIS	MSH	22.280	 0%	Jun	2013	Cancelled. Strategy changed of the data collection. Carried over to APA4
	7.1.2	Assist the NTP to monitor TBIS implementation	MSH	22.960	 25%	Sep	2013	9 provinces visited to facilitate the TBIS electronic reporting. Continuing activity.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	Assist the NTP conduct the Annual National Evaluation Workshop	MSH	72.163	 100%	May	2013	Completed
	7.2.2	Assist the NTP conduct the Provincial Review Workshops	MSH	202.140	 100%	Sep	2013	The quarterly review workshops conducted in all 13 provinces in October 2013 and 895 (F=859, F=36) staffs attended these events.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	The first QRW will be conducted in April 2014

7.3 Improved capacity of NTPs to perform operations research	7.3.1	Assist the NTP conduct Operational Research	MSH	12.200	 75%	Aug	2013	Two OR on data accuracy and treatment outcome among female TB patients conducted. The abstracts submitted to the 44th Union conference and accepted as poster presentation
	7.3.3	Research information disseminated	MSH	11.700	 75%	Sep	2013	The data accuracy assessment's results shared with health facility and PTCs, NTP and TB Care I team also it was presented to M&E officers from TB CARE
					 63%			

Total Approved Staffing & Operations Budget	945.256
Grand Total Approved Project Budget	2.225.793

Quarterly MDR-TB Report

Country	Afghanistan
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Period	July - Sept 2013
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	19	0	
Total 2011	22	22	
Jan-Mar 2012	6	6	
Apr-Jun 2012	12	12	
Jul-Sep 2012	7	7	
Oct-Dec 2012	13	13	
Total 2012	38	38	
Jan-Mar 2013	13	13	
Apr-Jun 2013	8	8	
Jul - Sep 2013			
To date in 2013	21	21	

6. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	3.2.4	Ineke Huitema and Fenneke Pak	TOT and Project Cycle Management courses	Jun, May	Completed	Jun 19 2013	
2	KNCV	3.2.5	IC training		TBD	Postponed		
3	MSH	6.1.1	Pedro Suarez	Facilitate World TB Day	March	Cancelled		World TB Day conducted in 300 health facilities in Mar 2013.
4	MSH	7.2.1	Pedro Suarez	Assist NTP to conduct Annual National Evaluation Workshop	February	Completed	Jun10 2013	
5	MSH	7.3.2	Gulam Qader & Mohammad Rashidi	Union Conference	November			
6	MSH	Staffing & Operations	Pedro Suarez	Overall management support	TBD	Cancelled		
Total number of visits conducted (cumulative for fiscal year)						3		
Total number of visits planned in work plan						6		
Percent of planned international consultant visits conducted						50%		

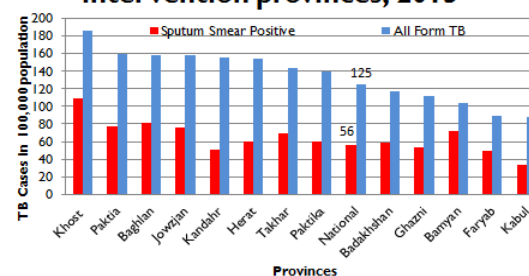
Quarterly Photos (as well as tables, charts and other relevant materials)

TB CAP/CARE I Contribution to TB Case Notification in Afghanistan (2009-2013)

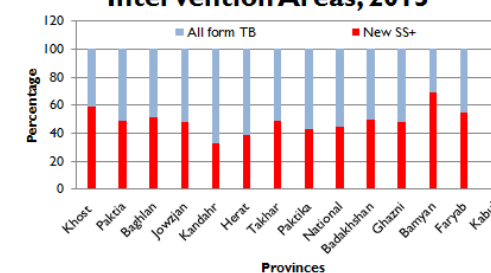
	Intervention Group Health Facilities (13 provinces)					Control Group Health Facilities (21 provinces)			
Indicator	2009	2011	2012	2013	% change (2009-2013)	2009	2011	2012	% change (2009-2012)
TB suspected cases identified	49,630	99,272	96,750	103,335	105% increase	45,812	93,730	84,622	85% Increase
TB sputum smear positive cases notified	6,139	7,051	6,676	7,866	27% (CI-95%, P<0.014) increase	6,358	6,750	6,547	3% increase
TB cases notified, all forms	12,454	14,792	15,825	17,631	42% increase (P<0.00001)	13,904	13,372	13,545	2.6% decline
Treatment success rate	83%	89%	90%	NA	7% increase	89%	92%	92%	3% increase

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Tuberculosis case notification rate in 100,000 population in TB CARE I intervention provinces, 2013



Proportion of Sputum Smear Positive and all TB cases in TB CARE I Intervention Areas, 2013



Tuberculosis Case Notification Rate in TB CARE I provinces in 2013

No	Province	Quarter Four 2012		Quarter One 2013		Quarter Two 2013		Quarter three 2013		Total TB CARE I APA3			100,000 population	
		New Smear Positive TB Cases	All TB cases	New Smear Positive TB Cases	All TB cases	New Smear Positive TB Cases	All form TB cases	New Smear Positive TB Cases	All form TB cases	New Smear Positive TB Cases	All form TB cases	Total Population	Sputum Smer Postive	All form TB Cases
1	Badakhshan	92	203	176	385	130	242	130	232	528	1.062	904.700	58	117
2	Takhar	121	259	198	419	184	344	147	320	650	1.342	933.700	70	144
3	Baghlan	101	245	211	422	199	363	191	342	702	1.372	863.700	81	159
4	Jowzjan	80	155	121	263	107	228	84	166	392	812	514.100	76	158
5	Faryab	104	183	117	226	122	211	120	223	463	843	948.000	49	89
6	Herat	198	461	294	825	290	650	294	825	1.076	2.761	1.780.000	60	155
7	Kandahr	133	434	150	397	150	567	150	397	583	1.795	1.151.700	51	156
8	Ghazni	119	312	189	394	150	304	166	300	624	1.310	1.168.800	53	112
9	Kabul	261	725	351	1.055	329	775	363	922	1.304	3.477	3.950.300	33	88
10	Bamyan	57	80	91	144	61	80	98	141	307	445	425.500	72	105
11	Khost	119	237	177	309	166	252	137	219	599	1.017	546.800	110	186
12	Paktia	72	146	101	214	84	161	64	140	321	661	413.800	78	160
13	Paktika	54	158	91	160	74	223	98	193	317	734	525.000	60	140
	Total	1.511	3.598	2.267	5.213	2.046	4.400	2.042	4.420	7.866	17.631	14.126.100	56	125

Quarterly Report on Global Fund Engagement

Country	Afghanistan	Period	April-June 2013
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Current Global Fund TB Grants				
Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 8	B1	B2	11.7 M	10. M
round 10	C	B 1	\$14.1M	1 M

*Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

The GF round 8 activities implementation started this quarter after a delay of almost 18 months owing to postponement of approvals from GF. in addition, GF round 10, implemented the sputum, slide sending mechanism in almost 23 provinces.

The common challenges are : Delay in activity implementation due to delayed cash flow to PR/NTP, NTP staff incentive issue, implementation of activities with fewer staff, management issue of NTP that lost control over provincial staff owing to decline and delay in payment

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work

TB CARE I contracted the CB-DOTS with PR of GF to complement the GF's CB-DOTS component. Th GF round 8 and 10 activity implementation started. and it facilitated TB CARE I CB-DOTS implementation.